

# Liral Veget Training and Recruitment Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Liral Veget Training and Recruitment is a domiciliary care service which provides personal care to people living in supported living settings. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 18 people receiving care and support for personal care. The service is also registered to provide nursing care, however, this was not being delivered at the time of our inspection.

**Right Support:** The model of care did not maximise people's independence and people were not always protected from the risk of harm. Risks to people were not always identified and mitigated. People's medicines were not always managed safely. The provider's systems did not ensure staff received suitable training to ensure they had the skills and abilities to meet the needs of autistic people and people with learning disabilities. The provider did not always work in line with the MCA. We have made a recommendation about ensuring capacity assessments and best interests' meetings are conducted.

**Right Care:** People's care was not always person-centred. There was limited information about how people were being supported to pursue interests and hobbies and people were not supported to acquire/maintain daily living skills. There was a lack of support towards aspirations and goals. People's eating and drinking guidelines were not up to date.

**Right Culture:** The quality assurance and governance processes were not always effective as they had not identified the issues we found with care plans and risk assessments and staff training. The provider had not identified care plans and risk assessments contained out of date information. The provider was not clear about the roles and responsibilities of the service. There were processes in place to gather feedback from people and their relatives. Despite the issues we found we received mainly positive feedback from staff and relatives of people receiving care.

### Rating at last inspection and update

The last rating for this service was good (published 21 January 2021).

### Why we inspected

The inspection was prompted in part due to concerns we received about allegations of abuse which is currently being investigated by the safeguarding team. This inspection was carried out to seek assurance

that people were being protected from harm.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Please see the safe, effective, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Liral Veget Training and Recruitment on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safeguarding, the management of risks and medicines, staff training, good governance and person-centred care. You can see what action we have asked the provider to take at the end of this full report. We have also made recommendations about conducting capacity assessments/'best interests' meetings, staff recruitment and ensuring people have health action plans.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was no always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Liral Veget Training and Recruitment Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in supported living settings.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The newly appointed manager/nominated individual was in the process of applying to be the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of Inspection

We originally gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered person would be in the office to support the inspection. However, the registered person was

not available to support the inspection so we rescheduled the inspection to a later date.

#### What we did before the inspection

We reviewed information we had received about the service including complaints and notifications we received from the service. We spoke with the local authority who commission the care and support people receive.

#### During the inspection

We looked at a range of records including 4 people's care and medicine records. We also looked at training records for 6 staff and records related to the management of the service. After the inspection, we continued to gather evidence and seek clarification from the provider. We also gathered feedback from people's relatives and staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Effective systems and processes were not in place to identify and assess risks to the health, safety of and welfare of people who use the service. Risks to people were not always adequately assessed and there was limited information in place to ensure some risks were mitigated.
- The risks associated with people's mobility and moving and handling were not clear and risk assessments contained conflicting information. One person's risk assessment stated they were bed bound. However, the care plan stated they required 2:1 support to access the community. When we discussed this with the manager they told us they were no longer accessing the community but they were being supported by staff to transfer from the bed with the use of a hoist
- The risks associated with people's health conditions were not always managed well. One person's risk assessment said they were at risk of epileptic seizures. The risk assessment and care plan did not contain enough information about the nature of the person's seizures and the guidance for staff was not clear as it said staff should ensure the person's emergency medications should be available without any accompanying explanation as to what the medicines were or guidance on how to administer them.
- Another person's risk assessment and care plan stated they had type 2 diabetes. There was no information in place about the risk of hypoglycaemia and no guidance for staff about the signs and symptoms to look out for or instructions about the actions they should take if the person was experiencing a hypoglycaemia episode.
- Another person's risk assessment stated they were at risk of going missing and needed to be supported by staff at all times due to their vulnerability. The guidelines for staff in the risk assessment were not sufficient as they instructed staff to contact the police within a 24-hours timeframe in the event they went missing which is not a reasonable amount of time for someone who is at high risk of harm if not supported by staff at all times.

The failure to mitigate risks to people's health and wellbeing was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no record of the maintenance history of the moving and handling equipment to ensure it was safe to use. Whilst the service history of the equipment was not available during the inspection, the provider subsequently sent us evidence that this equipment had been serviced at the time of the inspection.
- We did not find evidence that people had come to any harm and people's relatives told us they were satisfied the provider was keeping their family member safe. One relative told us, "I have no concerns. [Family member] is kept safe all the times."

### Using medicines safely

- Medicines were not always managed safely as the guidance for administration of medicines was not always accurate or sufficient. One person's risk assessment stated their medications should be administered via the PEG (percutaneous endoscopic gastronomy). This was outdated information as we were later informed the PEG was removed in July 2022. We raised this with the manager and they updated the information regarding how the person takes their medicines.
- There was insufficient information in place about the administration of PRN medicines such as paracetamol. One person's MAR stated paracetamol was to be given "4 times a day as required" with no information about the dose or frequency. Another person's MAR stated paracetamol was to be administered "4 times a day PRN". Neither of these had any information about the purpose of this medicine and in what circumstance staff should administer this.

The failure to manage people's medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who supported people to take their medicines had completed appropriate training and their competency had been assessed.

### Systems and processes to safeguard people from the risk of abuse

- The provider did not operate effective systems to safeguard people from abuse. We were informed that a local safeguarding team had received information of concern about a person receiving care. They had attempted to gather further information from the provider so the person could be identified which would enable the safeguarding concerns to be investigated. The provider had not cooperated with the local safeguarding team and not provided the requested information. The provider had also not conducted their own investigation into the concerns raised.

The failure to operate effective systems to investigate, immediately allegations of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The provider followed safer recruitment processes. The provider had a recruitment policy which set out all the checks that were required before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. Despite generally good practices some elements processes had not been completed thoroughly. One person's file contained a reference from an employer that could not be identified as either a current or former health and social care organisation. Another person's file contained references from employers that were not listed in their employment history.

We recommend the provider reviews their recruitment processes to ensure satisfactory references are obtained and are in line with candidate's employment history.

- There were enough staff on duty to meet people's needs. One member of staff told us, "Yes, the organisation has enough staff in place to meet people's needs."

### Preventing and controlling infection

- Staff followed safe hygiene practices when carrying out care and support. Staff told us they had a plentiful



supply of personal protective equipment and they had received training and ongoing support and guidance on infection control procedures.

- The provider ensured care staff continued to wear masks whilst caring for vulnerable people due to the ongoing risks of COVID-19.

#### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager. However, we could not be assured that there was a robust system in place to learn lessons as there was no system in place to collate and analyse incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and social care needs were assessed and care plans put in place prior to their care package starting. However, some elements of people's care plans were not in line with current best practice standards. Assessments showed that some people needed support with managing distressed behaviours. There was a lack of information to show people were being supported to manage distress in line with recognised tools such as positive behaviour support plans. Some people's care plans stated there were additional positive behaviour support plans in place but the provider did not have copies of these so we could not be assured of their effectiveness and we could not be assured staff had access to all the necessary information to support people appropriately to manage distressed behaviours. We raised this with the provider, and they sent us positive behaviour support plans for some of the people who require this support approach.
- We found risk assessments and care plans contained unprofessional descriptions of people's behaviour that were not person-centred. One person's risk assessment said, "Staff to remain vigilant in case the person loses their cool and also reassure them if there should be a resurgence of those behaviours that are unacceptable" without any contextual information about what this means. The same person's care plan stated "I do hurt myself sometimes when I am angry. This is not good but it's because I fail to get what I want."
- Personal evacuation plans were not in place for all people. Where they were in place they were generic and did not provide any personal information about how to support people to evacuate their home.

The failure to have plans in place to meet people's health and social care needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- Records related to people's fluid and nutrition needs were not always up to date and relevant. One person's care plan and risk assessment said the person was being fed via a PEG. After we discussed this with the manager they updated the person's care plan with guidelines from Speech and Language Therapists which described the texture and consistency that was safe for the person to eat. However, the updated care plan still lacked detail about the person's personal preferences and the types of foods they enjoyed eating.

The failure to have accurate information in place about people's nutritional and hydration needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received relevant and good quality training in evidence-based practice. The training matrix showed only a few staff had received autism awareness training and managing challenging behaviour training. The provider had not ensured all staff had completed training relevant to their role which has been mandatory since 1 July 2022.
- Staff who were supporting someone at risk of having seizures had not received Epilepsy awareness and emergency medication training. There was also no diabetes training for staff supporting people with diabetes or dysphagia training for staff supporting people with swallowing difficulties. There was also no record of staff appraisal in the files we reviewed.

The failure to deploy suitably competent and skilled staff and provide appropriate support, training and supervision was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that define the knowledge, skills and behaviours expected of health and social care workers.
- Despite the gaps in the training we found, most staff told us they felt they received adequate training and support to ensure they could fulfil their role. Positive comments from staff included, "I receive supervision from my manager once a week" and "They train staff every two to three months and ensure everyone is up to their task." However, not all staff had regular supervision. One member of staff told us, "It's meant to be every 3 months. But this is not happening."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was not always working within the principles of the MCA. There were Court of Protection authorisations in place for most people who were being deprived of their liberty. However, one person's parent had been appointed as their deputy to manage their property and affairs. There was no information in place about making decisions about their wellbeing and the provider had not conducted a capacity assessment for and there was no Court of Protection authorisation in place.

We recommend the provider reviews all care plans to ensure appropriate capacity assessments have been conducted and applications to the necessary court of protection made.

- Care workers received mandatory training in the MCA and they told us how they put this into practice. One member of staff told us, "I give [people] information about the choices available, I also enlighten them to

understand the implications of the choices available and give them adequate time to digest the information."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some elements of supporting health were not in line with current best practice. There were no hospital passports in place to support the sharing of information if people needed to go into hospital. One relative told us their family member had a hospital passport but we could not be assured this was in place for other people and the provider did not have copies of these. We raised this with the provider and they have now submitted an example of a hospital passport which has been put in place for one person.
- People were supported to access health care professionals when needed but there were no health action plans in place to support the management of physical or mental health conditions or improve people's lifestyles.

We recommend the provider seeks advice from a reputable source about best practice guidance around health action plans.

- Care plans included information about the person's health conditions and contact information for healthcare professionals who were involved in the person's care. Despite the lack of information in the files we reviewed, relatives of people receiving care were satisfied with how the provider was working in partnership to ensure their family member's health needs were being met. One family member told us, "The [care company] have gone above and beyond to incorporate guidelines from other professionals and adapt things as [family member's] needs have changed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was very limited information in place about people's life history which would help staff understand people better. In general, there was a lack of information about how people were supported to follow interests and engage in activities. Despite this lack of information some family members were happy with how the provider was supporting their family member to engage in stimulating activities at home and to access their local community.
- People were not always supported to identify and work towards meaningful goals and aspirations or to acquire and/or maintain daily living skills. Staff told us they supported people to be independent and learn new skills. However, care plans did not contain any guidance about how this was being done and there were no skills-teaching plans in place to ensure people were supported to learn in a consistent way. There were no measurable goals in place and no system for measuring progress.
- Some protected characteristics such as ethnicity and religion were recorded in people's care plans. However, care plans lacked detail on support with activities and pursuing relationships.

The failure to design care plans which met all of people's social care needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans contained information about people's communication needs to assist staff to understand and communicate with them better. Some care plans referenced additional communication passports to help effective communication.
- Staff told us how they adapted their communication to meet the needs of people receiving care. One member of staff told us, "I try to use a method of communication that the clients are familiar with e.g. pictures, objects of reference and sign language."

### Improving care quality in response to complaints or concerns

- The service had an accessible complaints policy which explained how people could complain and what would happen if they did. Relatives told us they knew who to contact if they had any concerns about their relatives' care and support. One relative told us they had complained in the past, "but it was resolved

amicably in a well professional way."

#### End of life care and support

- The service was not providing end of life care at the time of our inspection.
- The service had given people the opportunity of discussing their end of life wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has changed to requires inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were in place but they had not been effective and had not identified the issues we found with care plans, risk assessments, medicines and staff training.
- Throughout the inspection we were supplied with conflicting information. When we requested the names of people receiving support with personal care we were given contact details of people who were not receiving personal care support and we were also given names of people who were receiving accommodation-based support from another organisation.
- We were unclear as to the roles and responsibilities of the care and support staff. During the inspection we were informed the service was only responsible for the personal care aspect of people's support. Another provider was responsible for other aspects of people's support. However, care plans showed people had a variety of care and support needs and it was not clear which provider was responsible for all of people's health and social care needs. Feedback from staff showed they were responsible for people's additional health and social care needs, as well as their personal care, such as supporting people to access the community and engage in leisure activities.
- The risks associated with COVID-19 were not reviewed as government guidance changed. We saw risk assessments which had not been reviewed since April 2020 so we could not be sure staff were given the most up to date guidance. Individual risk assessments also stated people should receive regular testing which is no longer relevant as the government testing programme is no longer in place. We raised these concerns with the provider and they have provided a more recent COVID-19 risk assessment which was reviewed on 19 January 2022. However, despite this document being more recent it still contained out of date information about undertaking twice weekly tests.
- Accidents and incidents were recorded, however there was no evidence that these were being reviewed by the registered manager/nominated individual. There was no system in place to collate and analyse incidents.
- There was insufficient evidence the provider was keeping up to date with nationally recognised guidance relevant to the needs of the people currently receiving care. The current and former nominated individual did not have an understanding of the responsibilities of registered providers under Right Support, Right Care, Right Culture and were not aware of the Quality of Life tool.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were not able to visit the supported living services to observe the quality of care in line with our current methodology for assessing services for autistic people and people with learning disabilities who are receiving care and support in supported living settings. During the inspection the provider shared the contact details of family members of people living in supported living services so we could seek permission to visit. However, none of the family members we contacted wanted us to visit the supported living service to assess the quality of care being delivered.

- Despite the issues we found we received positive feedback from relatives about the care being delivered. One relative told us, "[Family member] gets good quality care from the staff and is treated with kindness and compassion at all times."

- Staff were positive about the culture of the organisation. Positive comments included, "I feel satisfied the way and manner the organisation care for people, I doubt if they will see such care and attention somewhere else" and "I feel supported greatly by the manager and organisation at large."

Working in partnership with others

- Feedback from local authority professionals was mainly negative. As stated in the key question Safe the provider did not cooperate with the local safeguarding team and provide necessary information. In general, local authority commissioners did not feel the provider worked in partnership with them. We received comments such as, "We have also had issues with clients who we wanted to move, and they refused to allow any other providers to assess. We no longer use or refer to them due to the issues."

- We found one example of the provider working in partnership with external health professionals such as a Speech and Language Therapist and family members told us the provider worked with other professionals such as Occupational Therapists.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly sought feedback from relatives of people receiving care and staff. The recent client satisfaction survey showed people were generally very satisfied with the care they received and this corresponded with the feedback we received. One relative told us, "I have been asked for feedback about what could be improved."

- The provider held staff meetings to support communication and keep staff up to date. One member of staff told us, "There are numerous fora and opportunities to discuss and share concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure care and support met people's needs.  Regulation 9(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.  Systems for the proper and safe management of medicines were not operated effectively.  Regulation 12(1)(2)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not ensure systems and processes were in place and operated effectively to investigate, allegations of abuse.  Regulation 13 (1) (2) (3)
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to assess, monitor and improve the quality and safety of the service effectively.

The provider had failed to ensure people received a consistently safe and good service.

Regulation 17 (1) (2)

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs.

Regulation 18 (1)